C/007/020 Incoming
CC: Karl

State of Utah
GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of
Environmental Quality

Amanda Smith
Executive Director

DIVISION OF WATER QUALITY
Walter L. Baker, P.E.
Director

OCT 3 0 2012

CERTIFIED MAIL
(Return Receipt Requested)

Mr. Kit Pappas, Manager of Engineering & Environmental Services
Hidden Splendor Resources, Inc. – Horizon Mine
3266 South 125 West
Price, UT 84501

Dear Mr. Pappas:

Subject: Inspection Reports – UPDES Permit No.UTG040019 – Hidden Splendor Resources, Inc. – Horizon Mine

On August 22, 2012, I met with you and completed a Compliance Evaluation Inspection and Storm Water Inspection in regards to your UPDES permitted facility referenced above. No deficiencies were noted during the inspection, however please pay particular attention to the "REQUIREMENTS" Section of the narrative report as it is requested that you notify DEQ within thirty days of receiving this letter, as to when the items identified in this Section have been completed or will be completed.

Enclosed is a copy of the inspection reports for your records. If you have any questions, please contact me at (801) 536-4386 or by e-mail at mherkimer@utah.gov.

Sincerely,

Mike Herkimer

Mike Herkimer, Environmental Scientist
UPDES Engineering Section

MDH:mc

Enclosures (5)
1. CEI 3560, (DWQ-2012-003371_1)
2. SW 3560, (DWQ-2012-003371_2)
3. CEI Report, (DWQ-2012-003371_3
4. Inspection checklist, (DWQ-2012-_4
5. Raw data sheets and DMR form, (DWQ-2012-003371_5
6. UPDES Storm Water Industrial Inspection checklist, (DWQ-2012-003371_6

cc (w/encl): Stephanie Gieck, EPA Region VIII
Brady Bradford, SE District Health Department
Dave Ariotti, SE District Engineer
Daron Haddock, Division of Oil Gas & Mining

DWQ-2012-003371

United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding *(i.e., ICIS)*

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac. Type
N (1–2)	UTG040019 (3–11)	120822 (12–17)	C (18)	S (19)	2 (20)

Remarks (21–66)

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
3 (67–69)	4 (70)	N (71)	N (72)	(73–74) (75–80)

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*

Hidden Splendor Resources, Inc. Horizon Mine
12530 West Consumers Road, Helper, Ut 8452
Horizon Mine Location: ~20 miles West of US 6 on County Road 290 (Consumers Road)

Entry Time/ Date	Permit Effective Date
1:30 pm / 8/22/2012	5-1-2008
Exit Time/ Date	**Permit Expiration Date**
4:30 pm / 8-22-2012	4-30-2013

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

N/A

Other Facility Data *(e.g., SIC NAICS, and other descriptive information)*

Bituminous Coal Underground Mining Facility
SIC Code 1222
NAICS 212112

SEE ATTACHED

Name, Address of Responsible Official/Title/Phone and Fax Number

Kit Pappas, Manager Engineering & Environmental Services, (435) 636-0820
Hidden Splendor Resources, Inc.
Mailing Address: 3266 south 125 West, Price, Ut 84501

Contacted

☐ Yes ☒ No

Section C: Areas Evaluated During Inspection *(Check only those areas evaluated)*

☒ Permit	☒ Self Monitoring Program	☐ Pretreatment	☐ MS4
☒ Records/Reports	☐ Compliance Schedule	☐ Pollution Prevention	
☒ Facility Site Review	☐ Laboratory	☐ Storm Water	
☒ Effluent/Receiving Waters	☐ Operations & Maintenance	☐ Combined Sewer Overflow	
☒ Flow Measurement	☐ Sludge Handling/Disposal	☐ Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Number(s)	Date:
Mike Herkimer, ENVIRONMENTAL SCIENTIST	DWQ (801) 536-4386	10/25/12
Name and Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Number(s)	Date:
John Kennington, Manager UPDES Engineering Section	DWQ (801) 536-4380	10/25/12

INSTRUCTIONS

Section A: National Data System Coding *(i.e., ICIS)*

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc. *(Use the Remarks columns to record the State permit number, if necessary.)*

Columns 12-17: Inspection Date. Insert the date entry was made intothe facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describethe type of inspection:

A	Performance Audit	X	Toxics Inspection	6	IU Non-Sampling Inspection with Pretreatment
B	Compliance Biomonitoring	Z	Sludge - Biosolids	7	IU Toxics with Pretreatment
C	Compliance Evaluation (non-sampling)	#	Combined Sewer Overflow-Sampling	!	Pretreatment Compliance (Oversight)@ Follow-up (enforcement)
D	Diagnostic	$	Combined Sewer Overflow-Non-Sampling	{	Storm Water-Construction-Sampling
F	Pretreatment (Follow-up)	+	Sanitary Sewer Overflow-Sampling	}	Storm Water-Construction-Non-Sampling
G	Pretreatment (Audit)	&	Sanitary Sewer Overflow-Non-Sampling	:	Storm Water-Non-Construction-Sampling
I	Industrial User (IU) Inspection	\	CAFO-Sampling	~	Storm Water-Non-Construction-Non-Sampling
J	Complaints	=	CAFO-Non-Sampling	<	Storm Water-MS4-Sampling
M	Multimedia	2	IU Sampling Inspection	-	Storm Water-MS4-Non-Sampling
N	Spill	3	IU Non-Sampling Inspection	>	Storm Water-MS4-Audit
O	Compliance Evaluation (Oversight)	4	IU Toxics Inspection		
P	Pretreatment Compliance Inspection	5	IU Sampling Inspection with Pretreatment		
R	Reconnaissance				
S	Compliance Sampling				
U	IU Inspection with Pretreatment Audit				

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A-	State (Contractor)	O-	Other Inspectors, Federal/EPA (Specify in Remarks columns)
B-	EPA (Contractor)	P-	Other Inspectors, State (Specify in Remarks columns)
E-	Corps of Engineers	R-	EPA Regional Inspector
J-	Joint EPA/State Inspectors—EPA Lead	S-	State Inspector
L-	Local Health Department (State)	T-	Joint State/EPA Inspectors—State lea
N-	NEIC Inspectors		

Column 20: Facility Type. Use one of the codes below to describe the facility.

1- Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
2- Industrial. Other than municipal, agricultural, and Federal facilities.
3- Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
4- Federal. Facilities identified as Federal by the EPA Regional Office.
5- Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and thebilled payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as follow-up on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

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This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Repots) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

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Bituminous Coal Underground Mining Facility
SIC Code 1222
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SEE ATTACHED

Name, Address of Responsible Official/Title/Phone and Fax Number

Kit Pappas, Manager Engineering & Environmental Services, (435) 636-0820
Hidden Splendor Resources, Inc.
Mailing Address: 3266 south 125 West, Price, Ut 84501

Contacted

☐ Yes ☒ No

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☐ Facility Site Review	☐ Laboratory	☒ Storm Water	
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Name and Signature of Management/QA Reviewer	Agency/Office/Phone and Fax Number(s)	Date:
John Kennington, Manager UPDES Engineering Section	DWQ (801) 536-4380	10/25/12

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INSPECTION PROTOCOL

UPDES Permit #: UTG040019
Inspection Type: Compliance Evaluation Inspection + Storm Water Inspection
Inspection Date: August 22, 2012

Mike Herkimer of the Division of Water Quality (DWQ) visited with Kit Pappas, Manager of Engineering & Environmental Services for Hidden Splendor Resources, Inc. - Horizon Mine, at the mines's main offices near Price, Utah. The State UPDES inspection check sheet was completed along with the industrial storm water check sheet. After completion of the check sheets a site visit was completed at the Horizon Mine. The purpose and scope of the inspection was explained.

FACILITY DESCRIPTION

Location: ~20 miles West of US 6 on County Road 290 (Consumers Road), Near Helper in Carbon County, UT 84526

Coordinates: Outfall 001 (sed. pond) latitude 39° 41' 37", longitude 111° 02' 58"
Outfall 002 (mine water) latitude 39° 41' 39", longitude 111° 02' 56"

Average Flow: Over the last three years 0.38 MGD from Outfall 002. No Discharges on file from Outfall 001. The mine is presently idle, but discharge is occurring to keep the mine from flooding.

Receiving water: Jewkes Creek

Process: This is an active underground coal mining operation facility. Outfall 001 is a sedimentation pond utilized to collect surface water runoff. Outfall 002 discharges mine water encountered from mining operations on a continual basis. If this mine water is not discharged the mine will flood. Outfall 002 discharges into the Portal Canyon drainage routed under the disturbed area of the mine through a culvert. This culvert joins with the Jewkes Creek culvert under the mine and the discharge is shown in photo #1 below. There was no discharge at the time of the inspection from Outfall 001. It was a warm cloudy and rainy day, with temperature approximately in the 70's. There were no deficiencies listed in the previous inspection.

INSPECTION SUMMARY

DMR data for May of 2012 were compared to the laboratory bench sheets. Flows and pH are measured on site. Samples are sent to SGS Labs in nearby Huntington for TSS, TDS, total iron, and oil & grease testing. Information provided on the DMR was consistent with the data reported on the laboratory bench sheets provided by SGS. Holding times were met and the appropriate numbers of samples were collected using the methods specified in the permit. Calibration records for the pH meter are being kept. Flow is measured by a mechanical in-line flow meter with totalizer. The mine was idle at the time of inspection, and the disturbed area had a substantial amount of litter in the form of mining operation material. The material had not been picked up and put in the dumpster due to a shortage of manpower, because of layoffs associated with idling the mine.

Storm water: A storm water pollution prevention plan has been developed. As mentioned above, the UPDES Storm Water Industrial Inspection check sheet was completed. Several components of the Storm Water Pollution Prevention Plan (SWPPP) were missing. These components are listed below:

1. Under the "General" portion of the check sheet it is good to describe the age and size (acres) of the facility, number of employees and hours of operation. Understanding that the mine is idle, please give this information for when the mine was not idle.
2. Under "Storm Water Controls", list any non-structural controls, such as training, company policy, formation of storm water pollution prevention team (already done).
3. Under "Miscellaneous", the storm water program is concerned with discharges other than from Outfall 001 (which is the process wastewater discharge). Any storm water falling on the disturbed area is a process wastewater already covered in the general permit which you have coverage under. Part I.F.1.a.(1) of that permit (coverage number/permit number UTG040019) identifies areas that may be covered under a storm water pollution prevention program. These areas are similar to areas already regulated under the Surface Mining Control and Reclamation Act (SMCRA) by the Division of Oil, Gas and Mining, and are known as Alternate Sediment Control Areas (ASCAs). It is at these areas/points where Best Management Practices (BMPs) should be installed and, if possible, where a sample of storm water runoff should be collected. The sample should be collected after the BMP. These ASCAs should be noted on your site map. The question is how many ASCAs are there at this site, and how many of these have discharge that could be sampled? These are decisions that have to be made and documented by the Company in the SWPPP.
4. The SWPPP should be signed by all "operators" and "co-permittees and should be signed by those people authorized by the highest company executive on-site and should include a certification statement similar to that contained in the discharge monitoring reports (DMR).
5. The SWPPP should identify non-structural controls such as training, inspection schedules and results, and the eight baseline controls (see storm water check sheet, page 5). It should also describe other controls that can prevent off-site tracking or blowing of sediment, dust and raw, final or waste materials, or other solid materials and floating debris.
6. A certification statement that no process wastewater is leaving the site other than through the treatment system (settling pond(s) at Outfall 001).

DEFICIENCIES

None

REQUIREMENTS

1. Hidden Splendor Resources, Inc., Horizon Mine is required to clean up the waste material from mining activities in the disturbed area. This activity should be completed as soon as possible and preferably before winter season arrives. Please notify the State within thirty days of receipt of this inspection report as to whether this has been completed or when it is scheduled to be completed.
2. The six components listed above for the storm water program need to be completed and incorporated into the SWPPP as soon as possible. Horizon Mine needs to notify the

Division of Water Quality (DWQ) within the next thirty days as to when all of the six components listed above will be included in the SWPPP.

LIST OF ATTACHEMENTS (appended to this narrative report, pictures and 3560-3 form)

- State checklist
- Photo log (last page of state checklist)
- Associated calculations associated with the checklist plus DMR and lab bench sheets
- Storm water inspection checklist with copy of SWPPP

Photo #1: Outlet of Jewkes Creek diversion under the Horizon Mine disturbed area. This water contains the mine water discharge.

Photo #2: Pond associated with Outfall 001.

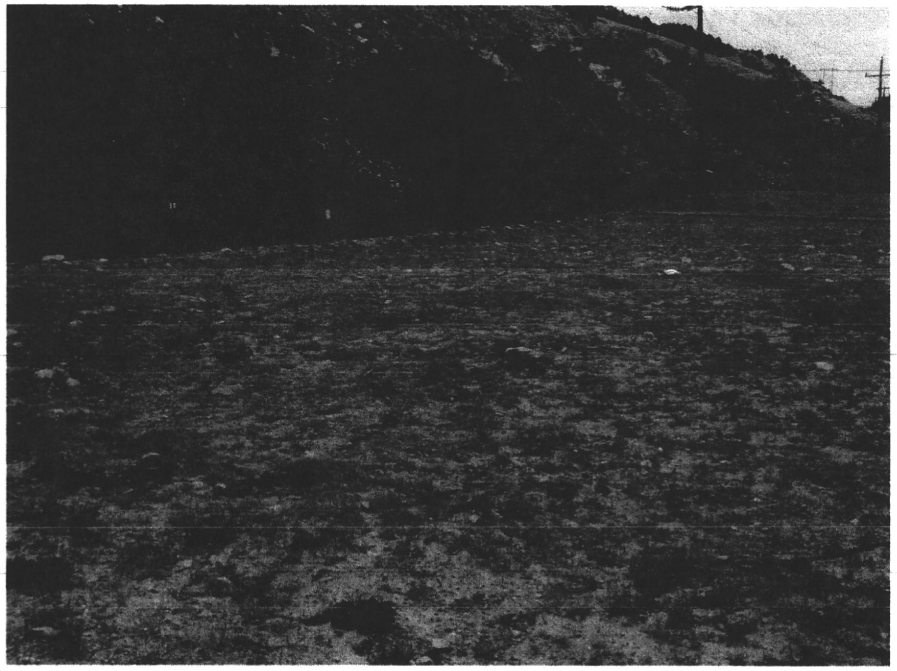


Photo #3: Some of the drainage area associated with Outfall 001.

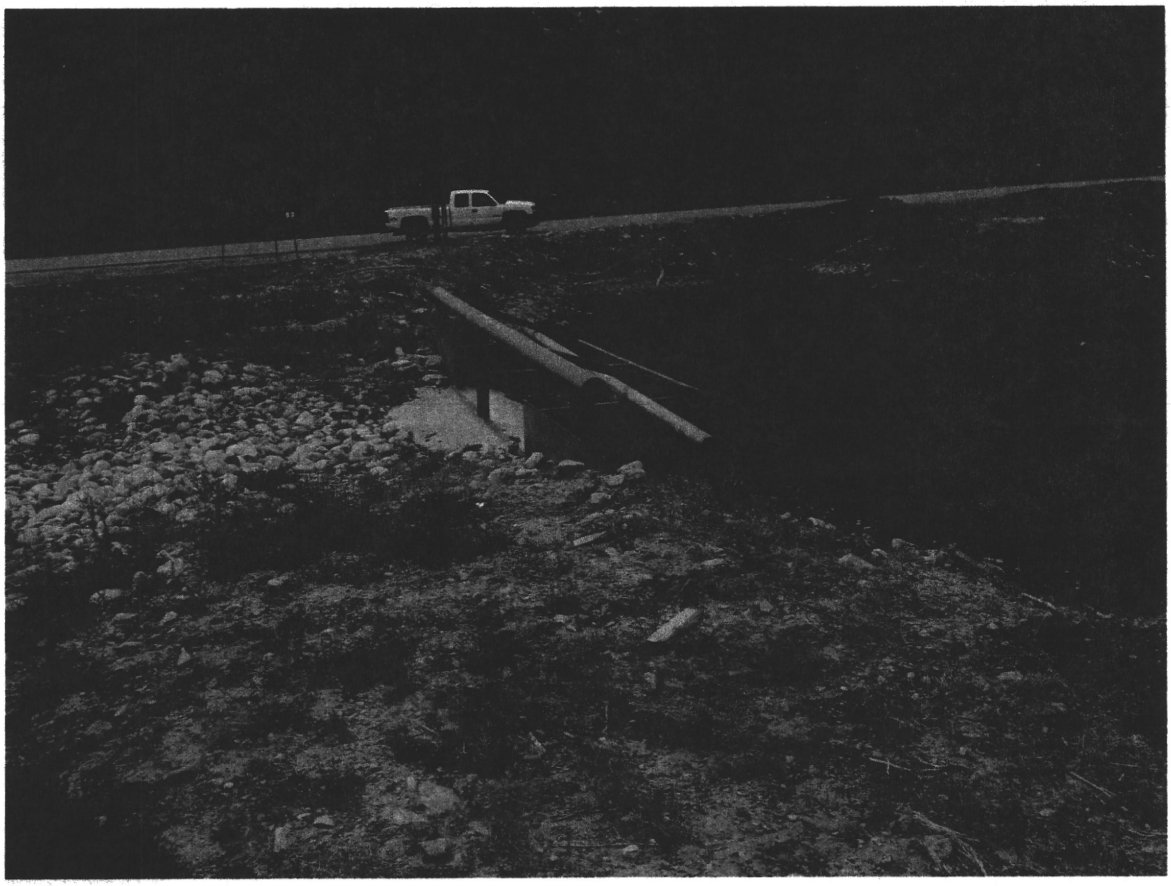


Photo #4: Outfall 001 associated with the pond.

UTAH DIVISIOIN OF WATER QUALITY
UPDES INSPECTION CHECKLIST

UPDES PERMIT # UTG040019 **INSPECTION DATE:** 8/22/12

Hidden Splendor Resources, Inc.

FACILITY: Horizon Mine (Minor facility) **INSPECTOR:** Mike Herkimer

Permit Effective Date: 5/1/2008 **Permit Expires** 4/30/13

PART I. VERIFICATION, RECORDKEEPING, AND REPORTING EVALUATION CHECKLIST

A. PERMIT VERIFICATION

Responsible Official: Dan Baker

Mailing Address: 3266 S 125 W.
Price, UT 84501

Brief Facility Description: Underground coal mine, => one sed pond 001 & 002 is mine water discharge.

Yes	No	N/A	1. Inspection observations verify information contained in permit.
(Yes)	No	N/A	2. Current copy of permit is onsite.
(Yes)	No	N/A	3. Name and mailing address of permittee are correct.
(Yes)	No	N/A	4. Facility is as described in permit. If not, what is different?
(Yes)	No	(N/A)	5. Notification was given to EPA/State of new, different, or increased discharges.
Yes	No	(N/A)	6. Facility maintains accurate records of influent volume, when appropriate
(Yes)	No	N/A	7. Number and location of discharge points are as described in permit.
(Yes)	No	N/A	8. Name and of receiving waters correct.
			Name: Jewkes Creek to North Fork of Gordon Creek to Price River
(Yes)	No	N/A	9. All discharges are permitted.
Yes	No	(N/A)	10. The facility used Federal/State Construction Grant funds to build the plant.

Notes:

B. RECORDKEEPING AND REPORTING EVALUATION

Yes No N/A 1. Records and reports maintained as required by permit.

Yes No N/A 2. All required information is available, complete, and current.

Yes No N/A 3. Information is maintained for a minimum of 3 years (5 years for sewage sludge).

Yes No N/A 4. If the facility monitors more frequently than required by permit (using approved methods), these are results reported.

Yes No N/A 5. DMR"s submitted as required by the permit.

Yes No N/A 6. Monitoring records are adequate and include:

Yes No N/A a. Flow, pH, DO, etc., as required by permit.

Yes No N/A b. Monitoring charts kept for 3 years (or 5 years for sewage sludge).

Yes No N/A c. Flow meter calibration records kept.

Yes No N/A d. Location data (latitude and longitude) of each outfall.

Yes No N/A 7. Laboratory equipment calibration and maintenance records are adequate. pH meter calibration

Yes No N/A 8. Plant records* are adequate and include:

Yes No N/A a. O & M Manual

Yes No N/A b. "As built" Engineering Drawings

Yes No N/A c. Schedules and dates of equipment maintenance repairs

Yes No N/A d. Equipment supplies manual

Yes No N/A e. Equipment data cards?

*Required only for facilities built with Federal/State Construction Grant funds.

Yes No N/A 9. Pretreatment records are adequate and contain inventory of industrial waste contributors, including:

Yes No N/A a. Monitoring Data

Yes No N/A b. Inspection Reports

Yes No N/A c. Compliance Status Records

Yes No N/A d. Enforcement Actions

C. PERMITTEE SELF-MONITORING EVALUATION

Yes No N/A 1. Samples are taken at the sites requited by the permit.

Yes No N/A 2. Sample type adequate for representative samples. Type: Grab

Yes No N/A 3. Flow proportioned samples obtained when required by the permit.

Yes No N/A 4. If applicable, automatic sampler used?

Type/Model: _____

Yes No N/A 5. Composite samples refrigerated during collecton.

a. Composite samples refrigerated during collecton.

b. Proper preservation techniques

c. Containers in conformance with *40 CFR 136*

Specify any problems: _____

Temp done on site (pH done with meter at time of sampling → no holding time.

July 2012 copies of lab work done.

Yes No N/A 6. Analytical results are consistent with data reported on DMRs.

Yes No N/A a. The data moves accurately from the bench sheets to the DMR's.

Yes No N/A b. The calculations are performed properly

Yes No N/A 7. All effluent data collected are summarized on the DMR

Yes No N/A 8. Sampling and analyses data are adequate and include:

Yes No N/A d. Dates, times, and location of sampling

Yes No N/A e. Name of individual performing sampling

Yes No N/A f. Analytical methods and techniques

Yes No N/A g. Results of analyses and calibration

Yes No N/A h. Dates of analyses

Yes No N/A i. Name of person performing analyses

Yes No N/A j. Instantaneous flow at grab sample stations.

Yes No N/A k. Monthly and weekly averaging is calculated properly and reported on the DMR where required by the permit

Yes No N/A l. Maximum and minimum values are reported properly and on the DMR.

Yes No N/A m. Loading values are calculated using daily loading information.

Yes No N/A n. Bacterial data are summarized as a geometric mean where required by the permit

Yes No N/A o. Number of exceedences completed properly

D. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING NA

Yes No N/A 1. WET sampling by permittee adequate to meet the conditions of the permit.

Yes No N/A 2. Chain of Custody used.

3. Method of shipment. _____

Yes No N/A 4. Preservation Adequate (Iced to 4° C)

Yes No N/A 5. Lab reports/Chain of custody sheets indicate temperature of samples at time of receipt by lab.

6. Indicate Temperature _____

Yes No N/A 7. Permittee has copy of latest edition of testing methods or Region VIII protocol (July 1993)

Yes No N/A 8. Permittee reviews WET lab reports for adherence to test protocols.

Yes No N/A 9. Lab has provided quality control data. (*i.e.* Reference toxicant control charts)

Yes No N/A 10. Permittee has asked lab for Q/C data.

Yes No N/A 11. Permittee maintains copies of WET lab reports on site for the required 3 year period and makes them available to review by inspectors.

Yes No N/A 12. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary.

NOTES:

PART II. FACILITY SITE REVIEW CHECKLIST

A. OPERATION AND MAINTENANCE EVALUATION

Yes No N/A 1. Facility properly operates and maintains treatment units

Yes No N/A 2. Facility has standby power or other equivalent provision. Power off = discharge

Yes No N/A 3. Adequate alarm system for power or equipment failures is available.

4. Sludge disposal procedures are appropriate:

Yes No N/A A: Disposal of sludge according to regulations

Yes No N/A B: State approval for sludge disposal received.

Yes No N/A 5. All treatment units, other than backup units, are in service.

Yes No N/A 6. Facility follows procedures for facility operation and maintenance.

Yes No N/A 7. Sufficient sludge is disposed of to maintain treatment process equilibrium.

Yes No N/A 8. Organizational Plan (chart) for operation and maintenance is provided.

Yes No N/A 9. Plan establishes operating schedules.

Yes No N/A 10. Facility has written emergency plan for treatment control.

11. Maintenance record system exists and includes:

Yes No N/A a. As-built drawings

Yes No N/A b. Shop drawings

Yes No N/A c. Construction specifications

Yes No N/A d. Maintenance history

Yes No N/A e. Maintenance costs

Yes No N/A f. Repair history

Yes No N/A g. Records of equipment repair and timely return to service.

Yes No N/A 12. Adequate number of qualified operators on-hand.

Grade I _____ Grade II _____ Grade III _____ Grade IV _____ Not Required _____

Yes No N/A 13. Facility has established procedures for training new operators.

Yes No N/A 14. Facility maintains adequate spare parts and supplies inventory.

Yes No N/A 15. Facility keeps instruction files for operation and maintenance of each item of major equipment.

Yes No N/A 16. Operation and maintenance manual is available.

Yes No N/A 17. Regulatory agency is notified of any bypassing.

(Dates) _____

Yes No N/A 18. a. Hydraulic overflows and/or organic overloads are experienced.

Yes No N/A b. Untreated bypass discharge occurs during power failure.

Yes No N/A c. Untreated overflows occurred since last inspection.

Reason: _____

Yes No N/A d. Flows were observed in overflow or bypass channels.

Yes No N/A e. Checking for overflows is performed routinely.

Yes No N/A f. Overflows are reported to EPA or to the appropriate State agency as specified in the permit.

PART II. FACILITY SITE REVIEW CHECKLIST

B. SAFETY EVALUATION

Yes No N/A 1. Facility uses diked/bermed oil/chemical storage tanks.

Yes No N/A 2. Facility maintains up-to-date equipment repair records.

Yes No N/A 3. Dated tags show out-of-service equipment

Yes No N/A a. facility/unit lock-out and tag-out procedures are being followed.

Yes No N/A 4. Facility schedules/performs routine and preventive maintenance on time.

Yes No N/A 5. Facility provides personal protective clothing (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, SCBA, eyewashes in labs). (Circle all that apply)

Yes No N/A 6. Safety devices are readily available:

Yes No N/A a. Fire extinguishers

Yes No N/A b. Oxygen deficiency/explosive gas indicator

Yes No N/A c. Self-contained breathing apparatus near entrance to chlorine room

Yes No N/A d. Safety harness

Yes No N/A e. First aid kits

Yes No N/A f. Ladders to enter manholes or wet wells

Yes No N/A g. Traffic control cones

Yes No N/A h. Safety buoy at activated sludge plants

Yes No N/A i. Life preservers for lagoons/tanks

Yes No N/A j. Fiberglass or wooden ladders for electrical work

Yes No N/A k. Portable cranes/hoists.

Yes No N/A 7. Plant has general safety structures such as rails around or covers over tanks, pits, or wells.

Yes No N/A 8. Emergency phone numbers are listed, including EPA and State.

Yes No N/A 9. Plant is generally clean, free from open trash areas. The plant site had a lot of litter and will be cleaned up.

Yes No N/A 10 All plant personnel are immunized for typhoid, tetanus, and hepatitis B.

Yes No N/A 11 No cross connections exist between a potable water supply and nonpotable source.

Yes No N/A 12 Anaerobic Digester Safety adequate

Yes No N/A a. Gas/explosion controls such as pressure-vacuum relief values

Yes No N/A b. No smoking signs

Yes No N/A c. Explosimeters

Yes No N/A d. Drip Traps

Yes No N/A e. Enclosed screening, de-gritting chambers

Yes No N/A f. Enclosed sludge-piping or gas-piping structures.

Yes No N/A 13 Facility has enclosed and identified all electrical circuitry.

Yes No N/A 14 Personnel are trained in electrical work to be performed as well as safety procedures.

Yes	No	N/A	15 Chlorine safety precautions are followed:
Yes	No	N/A	a. NIOSH-approved 30-minute air pack
Yes	No	N/A	b. All standing chlorine cylinders chained in place
Yes	No	N/A	c. All personnel trained in the use of chlorine
Yes	No	N/A	d. Chlorine repair kit available
Yes	No	N/A	e. Chlorine leak detector tied into plant alarm system
Yes	No	N/A	f. Chlorine cylinders stored in adequately ventilated areas?
Yes	No	N/A	g. Ventilation fan with an outside switch
Yes	No	N/A	h. Posted safety precautions
Yes	No	N/A	i. Existing emergency SOP and/or RMP or SPCC?

Yes No N/A 17. Emergency Action Plan on file with local fire department and appropriate emergency agency.

Yes No N/A 18. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.

Yes No N/A 19. Facility post warning signs (no smoking, high voltage, non potable water, chlorine hazard, watch-your-step, and exit).

Notes:

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Rating Codes: S = Satisfactory IN = In Operation U = Unsatisfactory Out = Out of Operation M = Marginal N/A = Not Applicable

	Condition or Appearance	Rating	Comments
GENERAL	Grounds		
	Buildings		
	Potable water supply protection		
	Safety features		
	By-passes		
PRELIMINARY	Maintenance of collection lines		
	Pump stations		
	Ventilation		
	Bar screen(s)		
	Comminutor		
	Grit chamber		
	Disposal of screenings and grit		
PRIMARY	Settling tanks		
	Scum removal		
	Sludge removal		
	Effluent		
SLUDGE	Digesters		
	Sludge pumps		
	Drying beds		
	Disposal of sludge		
OTHER	Flow meter and recorder		
	Records		
	Lab controls		
	Treatment lagoons		
	Chlorinators		
	Contact tank and contact time		

Drentreal
+
Totalizer

PART III. FLOW MEASUREMENT INSPECTION CHECKLIST

A: GENERAL

Type of Primary Flow Measurement Device: Ultrasonic flow meter - mechanical

Yes No N/A 1. Primary flow measuring device properly installed and maintained.

Where: _____

Yes No N/A 2. ~~Flow measured at each outfall?~~ _____

Number of outfalls? 2

Yes No N/A 3. Proper flow tables used by facility personnel

4. Design flow: _____ ~~MGD~~ 400 GPM - from mine from pond - 10 year 24hr → 2" decant pipe galvanized ~~galvan~~

Yes No N/A 5. Flow records properly kept.

Yes No N/A 6. All charts maintained in a file.

Yes No N/A 7. All calibration data kept.

Yes No N/A 8. Influent flow measured before all return lines.

Yes No N/A 9. Effluent flow measured after all return lines.

Yes No N/A 10. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained.

Yes No N/A 11. Spare parts stocked.

Yes No N/A 12. Effluent loadings calculated using effluent flow.

13. Frequency of routine inspection of primary flow device by operator.

1 / Day / Week / Month / Year

14. Frequency of routine cleaning of primary flow device by operator.

NA / Day / Week / Month / Year

Notes: _____

B. Flumes

Type and Size: NA Influent / Effluent

Yes No N/A 1. Flow entering flume reasonably well-distributed across the channel and free of turbulence, boils, or other disturbances.

Yes No N/A 2. Cross-sectional velocities at entrance relatively uniform.

Yes No N/A 3. Flume clean and free of debris and deposits.

Yes No N/A 4. All dimensions of flume accurate and level.

Yes No N/A 5. Side walls of flume vertical and smooth.

Yes No N/A 6. Sides of flume throat vertical and parallel.

Yes No N/A 7. Flume head being measured at proper location.

Yes No N/A 8. Measurement of flume head zeroed to flume crest.

Yes No N/A 9. Flume properly sized to measure range of existing flow.

Yes No N/A 10. Flume operating under free-flow conditions over existing range of flows.
Yes No N/A 11. Flume submerged under certain flow conditions.
Yes No N/A 12. Flume operation invariably free-flow.

C. WEIRS

Type and Size: NA Influent / Effluent

Yes No N/A 1. Weir exactly level
Yes No N/A 2. Weir plate plumb and its top and edges sharp and clean.
Yes No N/A 3. Downstream edge of weir is chamfered at 45°.
Yes No N/A 4. Free access for air below the nappe of the weir.
Yes No N/A 5. Upstream channel of weir straight for at least four times the depth of water level and free from disturbances.
Yes No N/A 6. Distance from sides of weir to side of channel at least 2H.
Yes No N/A 7. Area of approach channel at least (8 × nappe area) for upstream distance of 15H.
Yes No N/A 8. If not, is velocity of approach too high?
Yes No N/A 9. Head measurements properly made by facility personnel.
Yes No N/A 10. Leakage does not occur around weir.
Yes No N/A 11. Use of proper flow tables by facility personnel.
Yes No N/A 12. The stilling basin of the weir is of sufficient size and clear of debris

D. ELECTROMAGNETIC METERS

Type and Size: NA Influent / Effluent

Yes No N/A 1. Is there a straight length of pipe or channel before and after the flowmeter of at least 6 diameters?
Yes No N/A 2. If a magnetic flowmeter is used, are there sources of electric noise in the near vicinity?
Yes No N/A 3. Magnetic flowmeter is properly grounded.
Yes No N/A 4. Is the full pipe requirement met?

E. VENTURI METERS

Type and Size: NA Influent / Effluent

Yes No N/A 1. Venturi meter is installed downstream from a straight and uniform section of pipe.

F. OTHER TYPES OF FLOW DEVICES

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent

Manufacturer : _____

Model: _____

What are the most common problems that the operator has had with the flowmeter?

_____

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent

Manufacturer : _____

Model: _____

What are the most common problems that the operator has had with the flowmeter?

_____

G. CALIBRATION AND MAINTENANCE OF TOTALIZERS AND SECONDARY FLOW MEASUREMENT DEVICES

Yes No N/A 1. Flow totalizer properly calibrated.

Yes No N/A 2. Flow measurement equipment adequate to handle expected ranges of flow rates.

Yes No N/A 3. Frequency of routine inspection by proper operator:

_____/ Day / Week / Month / Year

Yes No N/A 5. Frequency of maintenance inspections by plant personnel:

_____/ Day / Week / Month / Year

Yes No N/A 5. Flowmeter calibration records kept. calibration: _____/Year

Yes No N/A 6. Calibration frequency adequate.

7. What is the most common problem(s) that the facility has had with the secondary flow measurement device?

_____

_____

Accuracy of Flow Measurement
(Secondary Device against Primary Device)

Size and Type of Primary Device: _____

Reading from Primary Device (Feet / inches): _____

Equivalent to Actual Flow (MGD) : _____

Facility Recorded Flow From Secondary Device: _____

Percent Error: _____ Correction Error: _____

Fill in the above only if the primary device has been correctly installed, or if the correction factor is know.

Notes: _____

PART IV. LABORATORY QUALITY ASSURANCE CHECKLIST

A. LABORATORY INFO

Yes No N/A Commercial laboratory used

Name: SGS North America, Inc.

Address: Minerals Services Division
P.O. Box 1020, Huntington UT 84528

Contact: Allen Ludington

Phone: (435) 653-2311

Parameters: All parameters, except pH
pH is done on-site.

B. SAMPLE HANDLING PROCEDURES

These questions need to be answered by the lab.

Yes	No	N/A	1. Laboratory has sample custodian and a back-up custodian.
Yes	No	N/A	2. Access to laboratory area restricted to authorized personnel only.
Yes	No	N/A	3. Sample security area available within laboratory that is dry, clean, and isolated; has sufficient refrigerated space; and can be locked securely.
Yes	No	N/A	4. Lab personnel receive and log in all incoming samples.
Yes	No	N/A	5. Established chain-of-custody procedures followed.
Yes	No	N/A	6. Checks of proper preservation, container type, and holding times performed by lab personnel with the results fully documented.
Yes	No	N/A	7. Samples properly stored by lab personnel.
Yes	No	N/A	8. Samples distributed to analysts only by sample custodian.
Yes	No	N/A	9. Transfer of samples fully documented.
Yes	No	N/A	10. Accurate and up-to-date care and custody records for handling samples maintained.
Yes	No	N/A	11. Documentation and procedures for disposal of test samples and test standards.

C. LABORATORY PROCEDURES

Yes	No	N/A	1. Written laboratory QA manual available.
Yes	No	N/A	2. EPA-approved written analytical testing procedures used and protocols are easily accessible by laboratory personnel.
Yes	No	N/A	3. If alternate analytical procedures used, proper written approval obtained.
Yes	No	N/A	4. Calibration and maintenance of instruments and equipment satisfactory.
Yes	No	N/A	5. QA procedures used.
			6. Duplicate samples are analyzed _____% of time.
			7. Spiked samples are used _____% of time.
			8. Samples are analyzed in accordance to *40 CRF 136*.
Yes	No	N/A	Results of last DMR / QA test available. Date: _____
Yes	No	N/A	Facility lab does analyses for other permittees. If yes, list the facilities and permit numbers.

Facility: _____ Permit # _____

D. LABORATORY FACILITIES AND EQUIPMENT

Yes No N/A 1. Proper grade laboratory pure water available for specific analysis.

Yes No N/A 2. Adequate bench, instrumentation, storage, and recordkeeping spaceavailable.

Yes No N/A 3. Clean and orderly work area available to help avoid contamination.

Yes No N/A 4. Dry, uncontaminated compressed air available.

Yes No N/A 5. Sufficiently ventilate fume hood.

Yes No N/A 6. Laboratory sufficiently lighted and ventilated.

Yes No N/A 7. Adequate electrical sources available.

Yes No N/A 8. Instruments/equipment in good condition.

Yes No N/A 9. Use proper safety equipment (lab coats, gloves, safety glasses,goggles, and fume hoods) when necessary.

Yes No N/A 10. Written requirements for daily operation of instruments available.

Yes No N/A 11. Standards and appropriate blanks available to perform daily check procedures.

Yes No N/A 12. Sources of standards documented and where possible traceable to a national standard (e.g., NIST).

Yes No N/A 13. Records of each set of analysis including order in which calibration, QC and samples were analyzed (i.e., analysis run logs or instrument run logs) available.

Yes No N/A 14. Written troubleshooting procedures for instruments available.

Yes No N/A 15. Schedule for required maintenance exists.

Yes No N/A 16. Proper volumetric glassware used.

Yes No N/A 17. Glassware properly cleaned.

Yes No N/A 18. Properly store standard reagents and solvents with the expiration dates clearly displayed on the containers.

Yes No N/A 19. Frequently checked working standards.

Yes No N/A 20. Discard standards after recommended shelf-life has expired.

Yes No N/A 21. Background reagents and solvents run with every series of samples.

Yes No N/A 22. Written procedures exists for cleanup, hazard response methods, and applications of correction methods for reagents and solvents.

Yes No N/A 23. Replace gas cylinders at 100-200 psi.

Notes: _____

_____

_____

E. LABORATORY'S PRECISION, ACCURACY, AND CONTROL PROCEDURES

Yes No N/A 1. Analyzed multiple replicates (blanks, duplicates, spikes, and splits) for each type of control check and information recorded.

Yes No N/A 2. Plotted precision and accuracy control methods used to determine whether valid, questionable, or invalid data are being generated from day to day.

Yes No N/A 3. Generate control samples introduced into the train of actual samples to ensure that valid data..

Yes No N/A 4. Precision and accuracy of the analyses are sufficient.

F. DATA HANDLING AND REPORTING

Yes	No	N/A	1. Uniformly apply round-off rules.
Yes	No	N/A	2. Establish significant figures for each analysis.
Yes	No	N/A	3. Use provision for cross-checking calculation.
Yes	No	N/A	4. Use correct formulas to calculate final results.
Yes	No	N/A	5. Control chart approach and statistical calculations for QC and report available and followed.
Yes	No	N/A	6. Report forms developed to provide complete data documentation and permanent records and to facilitate data processing.
Yes	No	N/A	7. Data reported in proper form and units.
Yes	No	N/A	8. Laboratory records readily available to regulatory agency for required time of 3 years.
Yes	No	N/A	9. Laboratory notebook or pre-printed data forms bound permanently to provide good documentation.
Yes	No	N/A	10. Computer data backed up with duplicate copies (i.e., electronic and hardcopy).
Yes	No	N/A	11. Efficient filing system exists, enabling prompt retrieval of information and channeling of report copies.
Yes	No	N/A	12. Data records allow recalculation of all results reported by the laboratory(ies) from the original unprocessed results (raw data) to the final results sent to EPA and the regulatory authority.

G. LABORATORY PERSONNEL

Yes	No	N/A	1. Enough analysts present to perform the analyses necessary.
Yes	No	N/A	2. Analysts have on hand the necessary references for EPA procedures being used.
Yes	No	N/A	3. Analysts trained in procedures performed through formal or informal training or certification programs.

V. COMPLIANCE SCHEDULE STATUS REVIEW N/A

Yes	No	N/A	1. The Permittee is meeting the terms of the compliance schedule
Yes	No	N/A	2. Is the facility subject to a compliance schedule in it's permit or by an Order?

If the facility is subject to an Order, note Docket Number _____

3. What Milestones remain in the schedule?_____

_____

_____

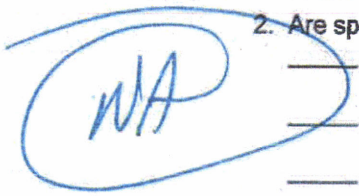
Yes	No	N/A	4. Facility in compliance with unachieved milestones?
Yes	No	N/A	5. Facility has missed milestone dates.
Yes	No	N/A	6. Facility will still meet final compliance date.

Notes:

PART V. WHOLE EFFLUENT TOXICITY (WET)

Yes No N/A 1. Whole Effluent Toxicity (WET) testing is required by the permit.

2. Are species required by permit used? Indicate below



_____ Daphina magna

_____ Ceriodaphnia dubia

_____ Pimephales promelas (fathead minnow)

_____ Other List: _____

Yes No N/A 3. Has approval for alternating species been granted?

4. Test Type: Acute: _____ Chronic: _____ (Indicate frequency required)

5. Dilution water source: _____

Yes No N/A a. Dilution water meets EPA requirements

Yes No N/A b. if reconstituted, is water same hardness as receiving water(s)?

Yes No N/A 6. Any modification authorization?

____ CO2 Headspace _____ Chronic Sampling Frequency

____ Dechlorination _____ Zeolite resin (ammonia removal)

Yes No N/A 7. Results indicate an absence of toxicity? If not indicate dates of failures and species:

Dates	Species
_____	_____
_____	_____
_____	_____

Yes No N/A 8. Evidence of accelerated testing if toxicity present?

Yes No N/A 8. TIE/TRE in progress?

Yes No N/A 10. Whole Effluent Toxicity (WET) testing is conducted by the laboratory.

Yes No N/A 11. Commercial laboratory used for WET

Name: _____

Address: _____

_____

Contact: _____

Phone: _____

Yes No N/A 12. WET testing protocols are clearly described.

Yes No N/A 13. Whole Effluent Toxicity (WET) culturing procedures are adequately documented for each organism tested.

Yes No N/A 14. Report format meets EPA requirements? (See *Weber el al.* 1988, 1989)

Yes No N/A 15. Does lab report indicate which statistical method was used for chronic tests?

Yes No N/A 16. Does permittee submit complete WET lab report to EPA/State?

Yes No N/A 17. Is the Lab State Certified? Certification Date _____

G. NOTATIONS BY EVALUATOR

Check each of the following items in terms of their estimated adverse affect on the performance of the plant

Item	Major	Minor	None	Item	Major	Minor	None
Staff complement				Overloads			
Personnel training				Hydraulic			
Operating budget				Periodic			
Laboratory control				Continuous			
Instrumentation				Organic			
Industrial waste				Periodic			
Equipment failure				Continuous			
Treatment process				Overload causes			
Sludge handling				Infiltration			
Equipment maintenance				Combined sewers			
Spare parts inventory				Rapid population growth			
Power failure				Increased service area			
Other				Other			

Describe briefly the major problems indicated above or other pertinent information:

Photo Log

Photo Number	File Name	Description	Date/ Time	Photographer
1		Outlet of Jenkes Creek diversion under Horizon Mine disturbed area. This water contains the mine water discharge	8/22/12 pm.	Mike Herkimer
2		Pond associated with Outfall 001	8/22/12 pm	Mike Herkimer
3		Some of the drainage area associated with Outfall 001	8/22/12 pm.	Mike Herkimer
4		Outfall 001 associated with the pond	8/22/12 pm	Mike Herkimer

Facility: Hidden Splendor Resources Month of DMR: May 2017 Outfall: 002

Parameter	Sampling Date	Sampling Time	Analysis Date	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR) 30 day avg	Reported values (DMR) 7day avg	Reported values (DMR) Daily max	Calculated values from Insp. 30 day avg	Calculated values from Insp. 7 day avg	Calculated values from Insp. Daily max
TSS	5/18/12	1010	5/21/12	1110	No	<5 mg/L	<5	<5	<5	<5	<5	<5
TDS	5/18	1010	5/21	1110	No	110 mg/L	—	—	110	—	—	110
T-Fe.	5/18	1010	5/21	1335	No	0.45 mg/L	—	—	0.45	—	—	0.45
O&G	5/18	1010	5/24	0935	No	<5 mg/L	—	—	<5	—	—	<5
pH	5/18	1010	5/18	1010	No	7.44 mg/L	—	min 7.44	max 7.44	—	min 7.44	max 7.44
Flow	5/18	1010	5/18	1010	No	130 gpm	110	—	110	130	—	130
→ Taken by tackel + stop watch.						0.187 MGD → Will accept either units						
→ No need to calculate this May because monthly average was 110 mg/L well under 500 mg/L												

$$\frac{130 \text{ gpm} \times 1440}{1{,}000{,}000} = 0.1872 \text{ MGD}$$

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME HIDDEN SPLENDOR RESOURCES, INC.

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

FACILITY LOCATION HORIZON MINE

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040-00004

UTG040019	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	A05	01	TO	12	05	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OF CONCENTRATION MINIMUM	QUALITY OF CONCENTRATION AVERAGE	QUALITY OF CONCENTRATION MAXIMUM	QUALITY OF CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow Rate	SAMPLE MEASUREMENT			(03)	N/A	N/A	N/A	*****	0	MONTHLY	N/A
00056 1 0 0 Effluent Gross Value				GPD				*****	N/A	1/30	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A		(12)	N/A		
00400 1 0 0 Effluent Gross Value				*****				U	N/A	1/30	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****					(19)	N/A		
00530 1 0 0 Effluent Gross Value								MG/L	N/A	1/30	GRAB
Oil & Grease	SAMPLE MEASUREMENT				N/A	N/A	N/A	(19)	N/A		
03582 1 0 0 Effluent Gross Value								MG/L	N/A	1/30	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT		*****	*****	N/A	N/A	N/A	(19)	N/A		
01045 1 0 0 Effluent Gross Value				*****				MG/L	N/A	1/30	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	N/A	N/A	N/A	*****	N/A		
70295 1 0 0 Effluent Gross Value				LBS/DY				*****	N/A	1/30	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****		*****	N/A	N/A	N/A		N/A		
45613 1 0 Effluent Gross Value				Y=1, N=0					N/A	1/30	VISUAL

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
KIT PAPPAS/ENV.MGR.	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)		435	636-0820	12	06	05
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for Settleable Solids Conditions, otherwise enter "N/A". If a visual sheen is observed then aoil and grease must be collected immediately.

6/7/12

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME HIDDEN SPLENDOR RESOURCES, INC.

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

FACILITY LOCATION HORIZON MINE

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040019	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	06	01	TO	12	06	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, settleable	SAMPLE MEASUREMENT			(03)	N/A	N/A	N/A	*****	N/A	N/A	N/A
00545 Q 0 See Comments	[redacted]	[redacted]	[redacted]	GPD	[redacted]	[redacted]	[redacted]	*****	N/A	1/30	VISUAL
Sanitary waste discharged as	SAMPLE MEASUREMENT	*****	*****	*****	[redacted]	[redacted]	[redacted]	(12)	N/A	N/A	N/A
45614 1 0 Effluent Gross	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	SU	N/A	1/30	GRAB

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under State statutes include fines up to $10,000 and/or imprisonment of between 6 months to 5 years.)		TELEPHONE		DATE		
KIT PAPPAS/ENV.MGR.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			435	636-0820	12	06	05

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for Settleable Solids Conditions, otherwise enter "N/A". If a visual sheen is observed then soil and grease must be collected immediately.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME HIDDEN SPLENDOR RESOURCES, INC.

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

FACILITY HORIZON MINE
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

UTG040019	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	[illegible]	01	TO	12	05	31

Form approved.
OMB No. 2040=00004

☐ Check here if No Discharge

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow Rate	SAMPLE MEASUREMENT	110	110	GPM 0.158	*****	*****	*****	*****	0	MONTHLY	MEASRD
00056 1 0 0 Effluent Gross Value				MGD				*****		1/30	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.44	7.44	"	(12)	0	MONTHLY	GRAB
00400 1 0 0 Effluent Gross Value				*****				SU		1/30	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	<5	<5	<5	(19)	0	MONTHLY	GRAB
00530 1 0 0 Effluent Gross Value				*****				MG/L		1/30	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	<5	<5	<5	(19)	0	MONTHLY	GRAB
03582 1 0 0 Effluent Gross Value				*****				MG/L		1/30	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	0.45	0.45	0.45	(19)	0	MONTHLY	GRAB
01045 1 0 0 Effluent Gross Value				*****				MG/L		1/30	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	110	110	110	*****	0	MONTHLY	GRAB
70295 1 0 0 Effluent Gross Value				LBS/DY				mg/L		1/30	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	0	*****	*****	*****	*****		0	MONTHLY	VISUAL
45613 1 0 Effluent Gross Value				Y=1, N=0						1/30	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFICATION	SIGNATURE	TELEPHONE		DATE		
KIT PAPPAS/ENV.MGR.	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under [illegible]	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	636-0820	12	06	05
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for Settleable Solids Conditions, otherwise enter "N/A". If a visual sheen is observed then aoil and grease must be collected immediately.

EPA Form 3320-1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME HIDDEN SPLENDOR RESOURCES, INC.

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

FACILITY LOCATION HORIZON MINE

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040019	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	05	01	TO	12	06	31

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary waste discharged	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	MONTHLY	VISUAL
45614 1 0 Effluent Gross				Y=1,N=0				*****		1/30	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
KIT PAPPAS/ENV.MGR.	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435 AREA CODE	636-0820 NUMBER	12 YEAR	06 MO	05 DAY
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for Settleable Solids Conditions, otherwise enter "N/A". If a visual sheen is observed then aoil and grease must be collected immediately.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

NAME HIDDEN SPLENDOR RESOURCES, INC.

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

FACILITY LOCATION HORIZON MINE

UTG040007	SUM A
PERMIT NUMBER	DISCHARGE NUMBER

(Sum of all outfalls)

☐ Check here if No Discharge

MONITORING PERIOD: FROM YEAR 12 MO 05 DAY 01 TO YEAR 12 MO 05 DAY 31

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, Total Dissolved	SAMPLE MEASUREMENT	110	0.0725 TPD	0.0725	*****	*****	*****	*****	0	1/30	GRAB
70295 1 0 0 Effluent Gross Value				(2N) TONS/DAY				*****			
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

KIT PAPPAS/ENV.MGR.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these [illegible]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
435	636-0820	12	06	05
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1

June 5, 2012

HIDDEN SPLENDOR RESOURCES INC
3266 SOUTH 125 WEST
PRICE UT 84501

Client Sample ID:	UPDES 002A	Sample ID By:	Hidden Splendor
Date Sampled:	May 18, 2012	Sample Taken At:	UPDES 002A
Date Received:	May 18, 2012	Sample Taken By:	KP
Product Description:	WATER	Time Sampled:	1010
		Time Received:	1415
		Mine:	28
		Site:	24
		Field – pH	7.44 units
		Field - Flow:	130 GPM
		Field - Temperature:	13.0 DEG. C

SGS Minerals Sample ID: 782-1112855-002

Tests	RESULT	UNIT	METHOD	ANALYZED DATE	TIME	ANALYST
Oil and Grease, (HEM)	<5	mg/L	EPA 1664	2012-05-24	09:35:00	AL
Total Dissolved Solids	110	mg/L	SM2540-C	2012-05-21	11:10:00	AL
Total Suspended Solids	<5	mg/L	SM2540-D	2012-05-21	11:10:00	AL
METALS BY ICP						
Iron, Fe – Total	0.45	mg/L	EPA 200.7	2012-05-21	13:35:00	AL

Respectfully submitted,
SGS NORTH AMERICA INC.
Huntington Laboratory

UPDES Storm Water
Industrial Inspection

Background Information

National Database Information	
Inspection Type	W
UPDES ID Number	UT0021009
Inspection Date	8/22/12
Inspector Type	EPA (State) EPA Oversight

General	
Inspector Name	Mike Herkimer
Telephone	(801) 536-4386
Entry Time	11:30 a.m.
Exit Time	

Facility Location Information				
Name/Location/ Mailing Address				
GPS Coordinates	Latitude		Longitude	
Receiving Water(s)	No discharge			
MS4's	N/A.			

Contact Information		
	Name	Telephone
Owner/Permittee	Hidden Splendor Resources	
Operator	American West Resources	
Co-Permittee		
Facility Contact & Title	Kit Pappas – Manager of Engineering & Environmental Services	
Authorized Official(s)	Dan Baker.	

Site Information:	
Industrial Activity	Coal Mining
SIC Code(s)	1222

Basic Permit Information *(circle one)*		
Permit Coverage	(Y)	N
Permit Type	General	(Individual)

Basic SWPPP Information		
SWPPP on site	(Y)	N
SWPPP Satisfactory*	Y	N

UPDES Storm Water
Industrial Inspection

Copy of NOI on site?	Y	N
NOI Date	NA	

SWPPP Implementation Satisfactory	Y	N
*A Satisfactory SWPPP must be both current and complete (see pages 4, 5, and 6 of this checklist).		

General	
Industrial Activity	*(describe principal product, production rate, potential pollutants, areas exposed to precipitation, direction of storm water flow)* Mining of coal – - Disturbed area subject to precip. - Property sloped to go to sediment pond.
	(describe age and size of facility, number of employees, hours of operation) –

SWPPP Implementation *(complete in field)*

Storm Water Controls	
List the structural and non-structural controls employed by the facility.	*(provide a brief description of each)* **STRUCTURAL:** Pond, dikes to funnel flow to the sedimentation pond. **NON:** –
Are the controls reasonable and installed correctly and maintained?	*(indicate "yes" or "no", or if not appropriate, explain)* They appear installed correctly and appear to be maintained correctly – the dikes + the pond

SWPPP Implementation *(continued)*

Storm Water Controls (continued)

UPDES Storm Water
Industrial Inspection

Provide a brief description of other controls that manage/prevent/ minimize storm water runoff.	*(e.g., erosion and sediment controls, exposure minimization, diversion structures, pollution prevention, inlet protection/control at storm drains)* Where possible, establishment of vegetative cover. Dikes to channel flow to the sedimentation pond.

Miscellaneous	
Any evidence of discharge to receiving waters?	*(e.g., storm water runoff, dry weather discharge, co-mingling of process waste water* Other than ~~through~~ ~~Outfall~~ Outfall 001 - NO - Need to establish if there are any alternative sediment control areas (BSCMs) on the site.
Do the storm water outfalls on site correspond with those listed on the site map and in SWPPP?	*(indicate "yes" or "no", or if not appropriate, explain)* yes - one outfall 001.

SWPPP Review *(can be completed in office)*

General			**Notes:**
Is a copy of the SWPPP on site?	(Y)	N	
Did all "operators" and co-permittees sign the SWPPP?	Y	(N)	
Did the signatures include the certification statement?	Y	(N)	
Were the signatories authorized to sign?	Y	N	NA - not digned
Is an individual/team responsible for developing/implementing SWPPP identified (e.g., pollution prevention team)?	(Y)	N	identified very well

UPDES Storm Water Industrial Inspection

Are employee training records regarding storm water pollution prevention topics included in SWPPP?	Y	(N)	

Site Map			Notes:
Is there a site map?	(Y)	N	Not necessarily associated with the SWPPP
Drainage patterns/ outfalls?	(Y)	N	Illustrations show where water would flow. Believe only outfall is on site
Identification of types of pollutants?	(Y)	N	⇒ in the SWPPP
Location of major structural controls used to reduce pollutants in runoff?	(Y)	N	On a site map
Name of receiving water(s) or MS4's listed?	(Y)	N	Deseret Creek / North Fork of Provo River
Is receiving water a tributary to waters of the U.S. (if "yes" indicate name of tributary)?	(Y)	N	
Location of significant materials exposed to storm water?	(Y)	N	Some —
Locations of major spills occurring within 3 years from date of NOI?	Y	N	No spills — NA.
Location of fueling, maintenance, loading and unloading, material storage, waste disposal?	(Y)	N	

SWPPP Review (*continued*)

Summary of Potential Pollutant Sources			Notes:
Description of activities, materials, features of site with potential to contribute significant amounts of pollutants to storm water?	(Y)	N	

Significant Spills & Leaks			Notes:
List of significant spills and leaks over 3 year time period, description of response taken, and actions to prevent similar spills in the future?	Y	N	(NA)

UPDES Storm Water Industrial Inspection

Storm Water Controls			Notes:
Does the SWPPP describe the *non-structural* controls and structural controls that will be used to prevent/reduce discharge of pollutants in storm water runoff?	Y	N	Structural - yes non-structural - No.
Does the SWPPP describe other controls that will be used to prevent/reduce off-site tracking or blowing of sediment, dust and raw, final or waste materials, or other solid materials and floating debris?	Y	N	
Does the SWPPP incorporate the 8 baseline controls (good housekeeping, minimizing exposure, PM, spill prevention/response procedures, routine inspections and comprehensive site evaluations, employee training, sediment and erosion control, runoff management)?	Y	N	
Does the SWPPP contain completed routine inspection reports/logs regarding reportable implementation of 8 baseline controls?	Y	N	
Does the SWPPP describe the pollutant or activity to be controlled by each selected control and provide an implementation schedule?	Y	N	NA - control mechanism identified & established. No need to implement/keep schedule unless major change in system. Non planned.

SWPPP Review (*continued*)

Non-Storm Water Discharges			Notes:
Certification that facility has been tested for non-storm water discharges from the site?	Y	N	[redacted]
Description of testing method, drainage points, observed results, and date of test?	Y	N	

Monitoring			Notes:
Are samples collected within 30 minutes of measurable weather events occurring 72 hours after previous measurable weather event?	Y	N	

UPDES Storm Water
Industrial Inspection

Photograph Log
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